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I hereby r 37 CFR 3		revious powers of attorney	given in the	appl	ication identified i	in the at	tached state	ment under	
I hereby a	appoint:								
✓ Practitioners associated with the Customer Number:			20322						
OR Pract	titioner(s) nam	ed below (if more than ten patent	practitioners a	re to t	e named, then a cust	omer num	ber must be us	ed):	
Г		Name	Registration Number	П	N	lame		Registration Number	
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any and all	patent applica	to represent the undersigned before tions assigned only to the undersicordance with 37 CFR 3.73(b).	gned according	g to th	e USPTO assignmen	t records	or assignment of	locuments	
Please char	nge the corres	pondence address for the applica	tion identified	in the	attached statement ur	nder 37 Cl	FR 3.73(b) to:		
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√ ⊤I OR	he address as	sociated with Customer Number:		:	20322				
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Address	vidual Name								
City			State			Zip			
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Assignee N	ame and Add	ess:							
Anopolus	Foundatio	n Limited Liability Company	,						
	nge Street								
Wilmingto	on, DE 198	J1							
A copy of	this form, t	ogether with a statement ur	der 37 CFR	3.73(b) (Form PTO/SB/	96 or eq	uivalent) is r	equired to be	
filed in ea	ich applicat	ion in which this form is use ointed in this form if the app	d. The stat	emen tition	t under 37 CFR 3.' er is authorized to	73(b) ma n act on	y be comple behalf of the	ted by one of assignee.	
		application in which this Po							
	The in	SIGNA dividual whose signature and title	TURE of Ass is supplied b			behalf o	f the assignee		
Signature		Sklarkusmi				Date 3/ Dec 20/0			
Name		Sheryl Parkinson			Telephone				
7:0-		Authorized Basson for Apopulus Foundation Limited Lightity Company							

DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY 37 C.F.R. 3.73(b)(2)(i)

I, Sheryl Parkinson (whose title is supplied below), hereby declare that I am authorized to sign documents on behalf of Anopolus Foundation Limited Liability Company.

O C C C C C C C C C C C C C C C C C C C
Sheryl Parkinson
Authorized Person for Anopolus Foundation Limited Liability Company

31 Dec 2010

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